



## Governor's Council for People with Disabilities

### INDIVIDUAL CONSUMER INVESTMENT FUND APPLICATION

**Please review the accompanying guidelines prior to completing this form!**

Name of Individual(s): \_\_\_\_\_  
Title & Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone # Day: (     ) \_\_\_\_\_  
Email: \_\_\_\_\_

I receive (cannot be your child - circle one, if applicable) SSI SSDI TANF NONE

**If receiving SSDI food per diem and mileage will be your match.**

Have you requested funds from another source? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes give name of organization: \_\_\_\_\_ amount requested \$ \_\_\_\_\_

\_\_\_\_ **CHECK HERE IF ADVANCE FUNDING IS NEEDED** (only for SSI/SSDI or TANF recipients). Please fill out attached CIF ADVANCED FUNDING REQUEST AND INFORMATION FORM. (Advanced funding requests are considered based on state travel rules and individual's need)

I am (circle one) a person, the family member of a person with: \_\_\_\_\_

Optional - for demographic information only: I am (circle one) African-American, Caucasian, Hispanic/Latino, Asian, Other: \_\_\_\_\_

Title of event/activity: \_\_\_\_\_

Event location City/State: \_\_\_\_\_

Date(s) from \_\_\_\_\_ to \_\_\_\_\_

Are any meals covered by the registration fee? \_\_\_\_ YES \_\_\_\_ NO If yes list: \_\_\_\_\_

#### Budget Summary:

Total	\$ _____	
Match	\$ _____	(50% unless SSI, SSDI, or TANF)
CIF requested	\$ _____	(Maximum \$1,000)

#### Instructions: Please enclose the following information

- Conference Information** - a registration form, agenda and description of activities; which shows prices, etc.
- Approximate Itemized Budget** - including match plus amount of request;
- CIF Purpose Statement and Agreement Form** - To be approved for funds, you must sign an agreement to share the information with others, assist the Council if requested, and to participate in community activities. An outcome form will be required after the conference detailing your plans to fulfill the agreement.
- Application and A-C items:** All information must be received in COUNCIL office by a minimum of 3-weeks before in-state and 5-weeks before out-of-state conferences/events. NO EXCEPTIONS.
- If applicable: **CIF Advance Funding Request & Information Form**

For questions, call (317) 233-4551, or [bwade@gpcpd.org](mailto:bwade@gpcpd.org), fax 317-233-3712  
Mail to: GCD / CIF- ATTN: Brenda Wade 150 W Market, Ste 628; Indianapolis, IN 46204-2821



## Individual CIF Purpose Statement and Agreement Form

The Council's Consumer Investment Fund (CIF) provides funds to consumers with the purpose of making a long-term investment in the future direction of Indiana. It is anticipated that your participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor expects a return on its investment. Information on the results of the CIF investment is used to determine whether the Council should continue to commit resources to the Consumer Investment Fund and the future direction of CIF.

**Purpose Statement:** (Please write a brief statement that tells how you will use the information in your community or how you or your family will benefit from attending this event.) **Use back page if additional space is needed.**

**Agreement: The Governor's Council for People with Disabilities is pleased to consider providing you with financial assistance to attend an event. In exchange for the financial assistance, the Council requires you to complete the agreement below and return it with your application:**

In return for financial assistance in attending this event I, \_\_\_\_\_ agree to the required activities including completing and submitting an initial outcome form with the claim voucher and receipts within 30 days. I have selected the following two outcome activities:

*(see CIF Guidelines for a list of all the required activities and page 5 for more detailed description of the eight activities from which you are to select two - page 5 describes what is involved in each activity and if needed, where to get additional information)*

**Please check the two outcome activities you agree to complete:**

- ☐ Conduct a disability awareness activity
- ☐ Become an active participant in a local policymaking or advisory body
- ☐ Perform a media watch, by responding to news coverage about disability issues
- ☐ Express your opinion to your state or local legislators related to disability issues
- ☐ Express your opinion about state or local policy changes
- ☐ Sign up for the Council's Fifth Freedom network to respond disability related concerns

---

Signature(s)

---

Date

**TO BE COMPLETED ONLY IF REQUESTING ADVANCED FUNDING**  
**CIF ADVANCED FUNDING REQUEST**  
**Available only to individuals receiving SSI – SSDI- TANF**

Requests must be confirmed ten days in advance of the date the check or APPROVED advanced payment is needed. Arrange/confirm requests with the Mental Health America of Indiana staff by calling, Kathi DiChiappari at 317-638-3501 ext. 225 or 800-555-6424 as soon as you receive your approval letter

Please check each item for which you are requesting advanced funding (advance funding will not be considered if appropriate box is not checked). The actual amount and items that will be approved for advanced funding may differ from your request (**all expenses can not be paid in advance**).

- ☐ **Hotel:** Name of hotel: \_\_\_\_\_ Phone # \_\_\_\_\_  
Dates of stay: \_\_\_\_\_ Confirmation # \_\_\_\_\_  
\*Hotel conference rate (include rate & tax): \_\_\_\_\_  
\*Needed so room rates plus tax can be verified and a check can be issued. Remember to take a credit card or extra cash for a deposit (receipt must be submitted to MHAi once you return).
- ☐ **Registration** - Enclose a copy of the filled out registration form with the CIF application.  
Send check to: \_\_\_\_\_ Conference sponsor
- ☐ **Airfare** - When your application is approved, call the Mental Health America of Indiana to get authorization to call a specific travel agent with whom they have an account. **ADVANCE PAYMENT FOR AIRFARE MUST GO THROUGH MHAi TRAVEL AGENT** (receipt must be submitted once you return).
- ☐ **Car rental** - (not available if you have airfare) Submit invoice or other document from company that shows the fee (receipt must be submitted to MHAi once you return)  
Name of company providing travel: \_\_\_\_\_  
Telephone number/contact name: \_\_\_\_\_  
Travel dates and location: \_\_\_\_\_  
Fee: \_\_\_\_\_

**Food allowance - ONLY individuals on SSI and TANF (SSDI match funds)**

- ☐ **Per diem food allowance** - will be calculated based on state travel rules minus meals provided by conference sponsors. No receipts are needed  
\_\_\_\_\_ # of days Meals provided by the conference (list): \_\_\_\_\_.

## Budget

Name(s): \_\_\_\_\_

Have you requested funds from another source? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes give name of organization: \_\_\_\_\_ and amount requested \$ \_\_\_\_\_

must be deducted from total budget - see below

* Description	Total	Match (50%)	CIF
<b><u>Conference Registration</u></b>	\$	\$	\$
<b><u>Lodging</u></b>  rate \$ _____ x _____ % tax = \$ _____  x # of days _____ = \$ _____	\$	\$	\$
<b><u>Food Per Diem</u></b>  rate \$ _____ x # of days _____ = \$ _____ x # _____ = \$ _____ Minus meals provided: _____  Total Deducted \$ _____ Total allowance \$ _____	\$	\$	\$
<b><u>Airline</u></b> Depart from what city: _____	\$	\$	\$
<b><u>Child Care / PCA</u></b>  \$ _____ per day x # of days _____ = \$ _____	\$	\$	\$
<b><u>Parking/Taxi/Shuttle</u></b>	\$	\$	\$
<b><u>Mileage</u></b> RT mileage _____ X \$.40 = \$ _____	\$	\$	\$
<b><u>Misc.</u></b>	\$	\$	\$
<b><u>Sub Total</u></b>	\$	---	---
<b>Subtract amount of funds obtained from other source</b>	\$	---	---
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## **OVERVIEW OF BUDGET AND STATE TRAVEL GUIDELINES**

Use the following guidelines in preparing your budget. See the sample budget for additional information.

**Mileage is calculated at a flat mileage rate:** Mileage \$.40 per mile (max 2,000 miles). **In all cases, state mileage charts determine vehicle mileage.**

**No receipts are required for meals:**

Meals are \$26 per day for in-state travel (lunch and breakfast \$6.50 each; dinner \$13)

Meals are \$32 per day for out-of-state travel (lunch and breakfast \$8 ea; dinner \$16).

Deductions are made for any meal provided by the conference.

Original receipts or invoices must be provided for hotel, airfare, parking, taxi, child/attendant care and ALL OTHER EXPENSES. NO RECEIPTS are needed for food per diem and/or mileage (fixed rates).

Reimbursement will not be made for more per line item than originally claimed/approved.

Monies received from other sources (ie. InSource, etc.) must be recorded on the budget page.

Mail/fax applications to:

**GCPD/CIF**

**ATTN: Brenda Wade**

**150 W Market St, Ste 628**

**Indianapolis, IN 46204-2821**

**(317) 233-3712 (fax)**

**[bwade@gpcpd.org](mailto:bwade@gpcpd.org)**

## **Description of Optional Activities:**

Please read this information before selecting optional activities - **YOU MUST SELECT TWO**. Within 30 days, send the outcome form in with your request for reimbursement and describe what has been accomplished so far and your plans for completing the activities you have agreed to.

Each starred section describes one of the optional activities, what needs to be done, what materials are needed, if any, and how to obtain them. If Council materials are needed for the activities you select, call or e-mail the Council office at [GPCPD@gpcpd.org](mailto:GPCPD@gpcpd.org) or 317-232-7770 or our toll free automated materials order line 1-866-234-1635. Some information can also be found on the Council website: <http://www.in.gov/gpcpd/>

- 1 **Conduct a disability awareness activity:** March is Disability Awareness Month in Indiana and the Council provides a number of different planning packets with ideas on activities you can conduct. We have free posters and bookmarks as well as materials like the Power of Words, which has tips for writing about and interacting with people with disabilities. Most of the suggested activities can be conducted at any time of the year. **Call/e-mail the Council for an order form** or, download planning packets from our website at: <http://www.in.gov/gpcpd/publications/#ppackets>
- 1 **Become an active participant in a local policymaking or advisory body** such as the local Step Ahead, Mayor's Council, or Parent Advisory Council. The purpose of this outcome is to get involved with policymakers on the local level. Depending on your community, there may be other bodies such as a transportation advisory committee or ADA committee that would meet these criteria.
- 1 **Perform a media watch**, by responding to news coverage about disability issues with feedback through a letter to the editor expressing your opinion on an important topic or to the reporter on whether people with disabilities were portrayed in a positive and accurate light. Send a letter to the reporter and enclose a Power of Words brochure from the Council. **For information** on how to conduct a media watch go to: [www.in.gov/gpcpd/publications/#ppackets](http://www.in.gov/gpcpd/publications/#ppackets) and download packet number 10 – Cultivating Media Placement which includes the Media Watch Program. Send a copy of your letter with your outcome form.

- 1 **Express your opinion about disability issues to your community and/or to state or local legislators** Write a letter and/or contact your legislators about an issue that is important to you and your family. Write at least one letter, meet with one public or elected official or their staff, or testify at a legislative committee hearing regarding a disability related issue. (Send a copy of the letter or description of the meeting, etc. with your outcome form) **Note:** For information about the issues, contact statewide and national organizations that send out legislative/policy related news (usually by e-mail). Go to the Council website <http://www.in.gov/gpcpd/> and click on the links page to research issues or contact organizations. In addition, the Council sends out this type of information on an occasional basis through Council e-mail News. If you are interested in receiving Council E-News check the appropriate box on the CIF application form.
- 1 **Express your opinion about state or local policy changes:** Many state and local government agencies must solicit public opinion regularly as part of their planning process or when they make changes to their policies or programs. Provide feedback to an agency by sharing your opinion of their plan or policy. Write at least one letter or testify at a local or state public hearing. Send a copy of the letter or testimony with your outcome form. **Note:** For information about opportunities to provide input at public hearings, contact the local office of the agency you are interested in. Go to the Council website [www.in.gov/gpcpd](http://www.in.gov/gpcpd/) and click on the links page to research issues or contact information for organizations. In addition, the Council sends out this kind of information on an occasional basis through Council E-mail News. If you are interested in receiving Council E-News check the appropriate box on the CIF application form
- 1 **Sign up for the Council's Fifth Freedom Disability Network** to respond to state or local disability related concerns. Become an Advocacy Coordination Team Leader (ACT) by recruiting a (minimum) of two-three local people with disabilities/families that agree to act together to respond to important, time sensitive information about statewide disability issues that need immediate advocacy action. **If you select this option contact** Carmen Kirkpatrick, ACT Team Coordinator, (260)426-8789, (866)441-2577, [carmen@fifthfreedom.org](mailto:carmen@fifthfreedom.org), [www.fifthfreedom.org](http://www.fifthfreedom.org)